

## TRANSMITTAL FORM

Attorney Docket No.  
RPS920030032US1/2805P

In re the application of: Hye S. CHI et al.

Confirmation No: 5183

Serial No: 10/633,958

Group Art Unit: 2854

Filed: August 4, 2003

Examiner: Ferguson, Marissa L.

For: Document Feeder Device

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input checked="" type="checkbox"/>	Appeal Brief
	<input type="checkbox"/> Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
	<input type="checkbox"/> Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from _____ to _____.			
	<input type="checkbox"/> Executed Declaration by Inventor(s)				

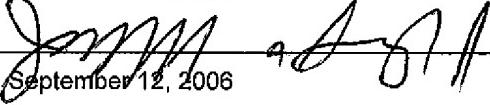
## CLAIMS

FOR	Claims Remaining	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	47	47	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. _____ (Account Holder Name)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 12, 2006

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via the USPTO EFS-Web on September 12, 2006.

Type or printed name	Kym Moore
Signature	